

| POSITION                  | INITIALS | ID NO. | DATE         |
|---------------------------|----------|--------|--------------|
| FEE DETERMINATION         | SK       |        | 4-27-01      |
| O.I.P.E. CLASSIFIER       |          | 10/917 | 5/1/06-26-01 |
| FORMALITY REVIEW          | AM       |        |              |
| RESPONSE FORMALITY REVIEW |          |        |              |

BEST AVAILABLE COPY

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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42  
6/26